

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWAREMONTY C PEPPER
plaintiff

v

THOMAS CARROLL
BAMBI THOMAS
THOMAS SEACORD
JAMES GARDELS

defendants

C.A. No.05-084-JJF

FILED
FEB 17 11 47 AM '06
CLERK, U.S. DISTRICT COURT
DISTRICT OF DELAWARE

FILED

MOTION TO AMEND UNDER RULE 15(a) Fed.R.Civ.P.

ME
SCANNED

NOW COMES Plaintiff Monty C Pepper do request
The court To ~~AMEND~~ AMEND The following issue To
Join in To doinder of Claims under Rule 18a Fed R Civ P
where The following constitutional issue has not been
remedied and stems from The original abuse recieved
in D.C.C. which were addressed in original complaint
Plaintiff has further attempted To seek remedy with
Total Failure being These concerns helth and medical
issues Plaintiff after original Complaint as well a
additions of DI 2 DI DI7 DI8 DI12 DI 25
would had expected action To cure The issues defendant
have not Defendant (Wardon) Thomas Carroll as
The person overseeing prison conditions rules and
security of both inmates as well as public is responsible
as well as medical issues

The Plaintiff puts Fourth That For over a year
The Plaintiff has requested help on a cough That will
NOT go away other inmates have it Plaintiff dose not
know why may be Possibal Polester From Blanketts
a form of ~~Asbestos~~ Asbestos from Polester

Plaintiff is just speculating on why he has the cough
 Also the back issues still go on looked at or
 diagnosed Plaintiff is in constant pain from back
 lower back pain Also Plaintiff has a meaty lump
 on his spine mid back That hurts at times and
 has grown Medical will not look at it will
 not give me a appointment or see if it cancer
 This is verry dangriours. Also Plaintiff still
 suffers from bouts of depression and paranoia
 paranoia from guards as well as relation of
 what he has recived and may recive

The neglegant and deliberate indifference standard
 applys and if This is part of the ongoing
 retaliation or just plain neglect or abuse This
 is criminal Plaintiff is in constant pain and worrie

Plaintiff has included greavances and sick calls
 That he gathered and This medical issues go back to
 OCT 2004 as DI 2 will show (Exhibits 1-17)

There For Plaintiff request The Honorable
 Court To Joinder or Join This added complaint
 into The existing Complaint

I not The Plaintiff will file a seprent ~~suit~~ suit
 To The issue

Again some copy s are impression
 others are being sent into D.C.C,
 By Plaintiffs Parents

Monty Pepper
 Feb 13 2006

copy
g. cattle as

MEDICAL GRIEVANCE

DATE SUBMITTED: _____

SBI#: _____

CASE #: _____

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: _____

TYPE OF MEDICAL PROBLEM:

[illegible]

DATE: _____

ACTION REQUESTED BY GRIEVANT: _____

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

4/28/06 Copy

EX 2

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
 This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Name (Print)		Housing Location
Date of Birth	SBI Number	Date Submitted

Complaint (What type of problem are you having)?

Inmate Signature	Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

263

GRIEVANCE FORM

HOUSING UNIT: _____

[illegible]

April '97 REV

12219

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Monty Pepper ✓
Name (Print)
3 28 59 00156920 AUG 20 05
Date of Birth SBI Number Housing Location
Date Submitted

Complaint (What type of problem are you having)? a cough and
Back Pain The cough is prestant
will not stop continus Back Pain
This all started in The SHU

[Signature] AUG 20 05
Inmate Signature Date

The below area is for medical use only. Please do not write any further.

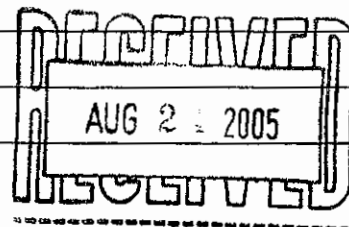
S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A: to see medical

P:

E:



Provider Signature & Title

Date & Time

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH ?

Monty Pepper

Name (Print)

Housing Location

3 25 59

Date of Birth

00156920

SBI Number

9 29 05

Date Submitted

Complaint (What type of problem are you having)? I'm still having problems I don't know what's going to happen

The meds you gave me are too strong don't know what they are

supposed to do I have a ringing in my ears constant

They aren't taking care of my back pain I've had rectum bleeding

when I was in 18 don't know why haven't noticed it lately? is it

[Signature]

Inmate Signature

9 29 05

Date

The meds

The below area is for medical use only. Please do not write any further.

S:

O:

Temp: _____

Pulse: _____

Resp: _____

B/P: _____

WT: _____

A:

To see medical

P:

E:

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

263

Copy

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

 Name (Print)

 Housing Location

 Date of Birth

 SBI Number

 Date Submitted

Complaint (What type of problem are you having)?

 Inmate Signature

 Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

 Provider Signature & Title

 Date & Time

3/1/99 DE01

FORM#:

MED

263

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
 This request is for (circle one): **MEDICAL DENTAL MENTAL HEALTH**

Name (Print)

Housing Location

Date of Birth

SBI Number

Date Submitted

Complaint (What type of problem are you having)?

Inmate Signature

Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
 This request is for (circle one): **MEDICAL DENTAL MENTAL HEALTH**



Name (Print)

Housing Location

Date of Birth

SBI Number

Date Submitted

Complaint (What type of problem are you having)?

Inmate Signature

Date

The below area is for medical use only. Please do not write any further.

S:

O:

Temp: _____

Pulse: _____

Resp: _____

B/P: _____

WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

FORM #585

MEDICAL GRIEVANCE

[Signature]
10-17-05

FACILITY: DECDATE SUBMITTED: July 14 05INMATE'S NAME: Monty PepperSBI#: 00156920HOUSING UNIT: 18 B 68CASE #: 18742

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: July 14 05 54:30

TYPE OF MEDICAL PROBLEM:

Iv Asked for 2 days To see mental health
I Need DR Rennie or Dr Elean only I The
herey set ~~inmate~~ Dr egnores my issue Dr Elean
was supost to Talk To major Holton? I need
To get out of PC for my safty The guards have
been messing with my Lunch I will not eat it when Thomas Ruto
or ballanger are on dutie These are the only shift That's a
problem The stress is causing my back to hurt and I'm getting
depressed more and more and fear for my life and well being They can
write me up for nothing and at the hearing Seacord egnores the issue

GRIEVANT'S SIGNATURE: *[Signature]*DATE: July 15 05

ACTION REQUESTED BY GRIEVANT:

Seacord said 5 years ago he'd of kicked my ass said he was
going to move me to SCI
I want To go To Compound E or B Like
me and porter Talked about or I need To
go To infirmary I don't Trust Seacord if he moves me?

DATE RECEIVED BY MEDICAL UNIT: _____

RECEIVED

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

JUL 22 2005
Inmate Grievance Office

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Name (Print) Housing Location

Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)?

Inmate Signature Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title Date & Time

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
 This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Monty Pepper V 8 A
 Name (Print) Housing Location
3 2859 00156920 NOV 8 05
 Date of Birth SBI Number Date Submitted

I have ringing in my ears? Back Pain constant! depression!
 Complaint (What type of problem are you having)? I've Repeatedly asked to
 have a Cough Look at by a Doctor This has gone on
 since last year I have back Pain and a Lump on my
 spine a meaty Lump I need to find out what it is by
 a Doctor not a nurse if it's cancer I need to know now!!

[Signature] NOV 8 05
 Inmate Signature Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

11-9-05 To be seen. Referred to MHA also 182k

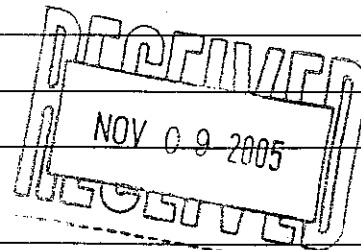
A:

P:

E:

Provider Signature & Title

Date & Time



FORM #585

MEDICAL GRIEVANCEFACILITY: DCCDATE SUBMITTED: Sunday NOV 19 05INMATE'S NAME: Monty PepperSBI#: 00156920HOUSING UNIT: W D/WCASE #: 21200SECTION #1DATE & TIME OF MEDICAL INCIDENT: nov 19 05 started Dec 04

TYPE OF MEDICAL PROBLEM:

ATT Chris Malony HSA

I have asked over and over To get my
~~throat~~ Throat Looked at no action This
since Last year Dec +- 04 also a Lump on my
back bone The Size of a gulf Ball half and
back pain every day I also have a ringing
in my ears numness in my hands sometimes I sell mental health
for 30 seconds on the 17 nov no help in fear of what They
my doc because of suite I have depression I get no help
I'm Taking Paxial Doct said no side effects color urin 3

GRIEVANT'S SIGNATURE: [Signature]DATE: NOV 19 2005

ACTION REQUESTED BY GRIEVANT: _____

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL
GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

RECEIVED

NOV 21 2005

Inmate Grievance Office

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Monty Pepper

Name (Print)

3 28 59

Date of Birth

00167920

SBI Number

Housing Location

9 27 05

Date Submitted

Complaint (What type of problem are you having)?

I asked before to have a Cough
check out I had it since Xmas 04 SHU There's a lump on my
Back Also need to check and Back pain Also The medican
mental health gave me is too strange it put me to sleep!
Need some thing else I please don't send me on wendsdays

[Signature]

Inmate Signature

9 22 05

Date

Low
Library

The below area is for medical use only. Please do not write any further.

S: Scheduled

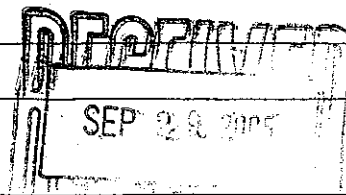
[Signature]

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:



Provider Signature & Title

Date & Time

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): ~~PHYSICAL~~ DENTAL ~~MENTAL~~ HEALTH

monty Pepper ✓
 Name (Print)
 3/28/59 00158920
 Date of Birth SBI Number
 Sep 1 05
 Date Submitted

Complaint (What type of problem are you having)?

Complaint (What type of problem are you having)? Sorry I had a visit
They scheduled me that afternoon no one seen
me 1st My Back hurts spasms hearing problem
2 The med's that mental health I cannot take
The Roplen 3


Inmate Signature

Date _____

The below area is for medical use only. Please do not write any further.

S:

O: Temp: Pulse: Resp: B/P: WT:

A:

4/9 per Medical

P:

E:

SEP 08 2005

Provider Signature & Title

Date & Time

02/17/2006 Page 19 of 20

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Feb 2 06

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NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

FORM #585

MEDICAL GRIEVANCE

FACILITY: _____

DATE SUBMITTED: _____

INMATE'S NAME: _____

SBI#: _____

HOUSING UNIT: _____

CASE #: _____

//

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: _____

TYPE OF MEDICAL PROBLEM: _____

I had a long time grievance
 2... the way said
 we... 2 06
 he...
 if... and back pain I need to
 if its same or not Please
 if
 if
 if
 if

GRIEVANT'S SIGNATURE: _____

DATE: _____

ACTION REQUESTED BY GRIEVANT: _____

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.